

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

06

03

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		1339674.06
(b) Cash on Hand at Beginning of Reporting Period	1360708.45	
(c) Total Receipts (from Line 19)	103482.95	243193.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1464191.40	1582867.55
7. Total Disbursements (from Line 31)	202325.91	321002.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1261865.49	1261865.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	41818.00	65634.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	11253.96	22131.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	53071.96	87765.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	53071.96	87765.36
12. Transfers From Affiliated/Other Party Committees	50000.00	154100.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	410.99	1328.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	103482.95	243193.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	103482.95	243193.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2125.91	2802.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2125.91	2802.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200200.00	318200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	202325.91	321002.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	202325.91	321002.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	53071.96	87765.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53071.96	87765.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2125.91	2802.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2125.91	2802.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Karen S. Haase-Herrick, MN, RN

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Hospital and Me-
dical Center

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 16387078

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Marshall

Mailing Address 1319 Walhni Street

City State Zip Code
Galveston TX 77555-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Medic-
al Branch Hos

Occupation
Interim Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 16387897

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Pamela T. Rudisill

Mailing Address 17225 Royal Court Dr.

City State Zip Code
Davidson NC 28036-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Norman Regional Medi-
cal Center

Occupation
Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 16387936

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Gayle Jensen-Savoie

Mailing Address 4202 Merrell Road

City

Dallas

State

TX

Zip Code

75229-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Health Presbyterian
Hospital Pla

Occupation

Director, Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 16883463

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin P Conlin

Mailing Address 3720 East Bayley

City

Wichita

State

KS

Zip Code

67218-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Via Christi Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	9

Transaction ID: 16883483

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara L. Wilson

Mailing Address 2701 E. Parkriver Drive

City

Boise

State

ID

Zip Code

83706-6084

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 16883485

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harold D. Cleberg, TTEE

Mailing Address 2525 Main Suite 301

City

Kansas City

State

MO

Zip Code

64108-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Northland Ho-
spital-Smithv

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 16883486

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ted H. Stubblefield

Mailing Address 100 North Crest Drive

City

Springfield

State

TN

Zip Code

37172-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northcrest Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: 16883487

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carl Brown

Mailing Address 121 Chimney Lane

City

Wilmington

State

NC

Zip Code

28409-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hanover Regional Medi-
cal Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 16883489

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Smart, DDS

Mailing Address 120 Shadyside

City

El Dorado

State

AR

Zip Code

71730-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of South
Arkansas

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16883490

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jack A. Carroll, Ph.D.

Mailing Address 2805 Cottage Cove Drive

City

Richmond

State

VA

Zip Code

23233-3366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magee Rehabilitation Hosp-
ital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16883494

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Laura J. Redoutey, FACHE

Mailing Address 1863 Folkways

City

Lincoln

State

NE

Zip Code

68521-5077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Hospital Associa-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16883496

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Todd Krass

Mailing Address 11500 Hardy Street

City

Overland Park

State

KS

Zip Code

66210-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Research Belton Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 16883948

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cheryl L. Hoying, Ph.D., RN,

Mailing Address 1241 Ashland Avenue

City

Dayton

State

OH

Zip Code

45420-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Children's Hos-
pital Medical

Occupation

Senior Vice President, Patient Care Se

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 16894525

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Donna D. Poduska, MS, RN, CN

Mailing Address 2430 Merino Court

City

Fort Collins

State

CO

Zip Code

80526-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Poudre Valley Hospital

Occupation

Director of Resource Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 16894530

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert LeFever

Mailing Address 319 Green Valley Rd.

City

Langhorne

State

PA

Zip Code

19047-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University Health
System

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: 16894792

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ann Fagan-Cook, RN, BSN

Mailing Address P.O. Box 1030

City

Wheeler

State

TX

Zip Code

79096-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: 16894802

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris Anderson

Mailing Address 2809 Denny Avenue

City

Pascagoula

State

MS

Zip Code

39581-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Singing River Hospital Sys-
tem

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894918

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894922

Amount of Each Receipt this Period

505.00

B.

Full Name (Last, First, Middle Initial)

Mr. Calvin D Johnson

Mailing Address P O Box 188

City

Kilmichael

State

MS

Zip Code

39747-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kilmichael Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894927

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

J.W. Jones

Mailing Address 3637 Parkway Blvd.

City

Meridian

State

MS

Zip Code

39305-3869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeff Anderson Regional Me-
dical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894928

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ginger E. Anspaugh, FHFMA

Mailing Address 4002 Sunhill Court

City

Woodstock

State

GA

Zip Code

30189-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894972

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Bloye

Mailing Address 2813 Bakers Bridge Drive

City

Douglasville

State

GA

Zip Code

30134-862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Vice President of Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894974

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert E. Bolden

Mailing Address 900 Powers Ferry Road
Suite 104

City

Marietta

State

GA

Zip Code

30067-5774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Director of Fiscal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894975

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Danae Gambill

Mailing Address 1345 Towne Lake Hills S. Drive
2000-402City State Zip Code
Woodstock GA 30189-5350FEC ID number of contributing
federal political committee.**C**Name of Employer
Georgia Hospital Associat-
ionOccupation
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 16894980

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lynn Hale

Mailing Address 2016 Harbor Forest Drive

City State Zip Code
Marietta GA 30064-8378FEC ID number of contributing
federal political committee.**C**Name of Employer
Georgia Hospital Associat-
ionOccupation
Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 16894981

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Martha Harrell

Mailing Address 109 Springs Drive

City State Zip Code
Roswell GA 30075-4825FEC ID number of contributing
federal political committee.**C**Name of Employer
Georgia Hospital Associat-
ionOccupation
VP Educational Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: 16894984

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ethan James

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Director of Grassroots and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894986

Amount of Each Receipt this Period

504.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathryn McGowan

Mailing Address 4546 Windsor Oaks Ct.

City

Marietta

State

GA

Zip Code

30066-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Dir, Partnership for Health and Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894987

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Parker

Mailing Address 3497 Mill Bridge Drive

City

Marietta

State

GA

Zip Code

30062-5598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894988

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1754.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Rhett C. Partin

Mailing Address Route 2 Box 3425

City

Nashville

State

GA

Zip Code

31639-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Executive Director, The Center for Rur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894991

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Glenn Pearson

Mailing Address 660 Crossfire Ridge

City

Marietta

State

GA

Zip Code

30064-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894992

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Earl Rogers

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894995

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Temple Sellers

Mailing Address 1782 Briar Lake Circle

City

Decatur

State

GA

Zip Code

30033-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Regulatory Legislative Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16894999

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Karen Waters

Mailing Address 1569 Asheforde Drive

City

Marietta

State

GA

Zip Code

30068-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation

Vice President, Professional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 16895005

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Katherine Keene

Mailing Address
3861 St. Andrew's Loop

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Health

Occupation

Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16905171

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City

Saint Petersburg

State

FL

Zip Code

33701-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16905173

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony L Spezia

Mailing Address 1504 Botsford Drive

City

Knoxville

State

TN

Zip Code

37922-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16905174

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Stephanie S. McCutcheon

Mailing Address 1600 Seton Dr.

City

Springfield

State

IL

Zip Code

62704-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Sisters Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16905175

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Patrick Boran

Mailing Address 3300 Oakdale Avenue North

City

Robbinsdale

State

MN

Zip Code

55422-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Memorial Health Care

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16906433

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rocklon B. Chapin

Mailing Address 4232 Washington Drive

City

Hermantown

State

MN

Zip Code

55811-3687

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's/Duluth Clinic
Health System

Occupation

Executive Vice President & Sr. Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16906434

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. David W Cress

Mailing Address 3300 Oakdale Avenue North

City

Robbinsdale

State

MN

Zip Code

55422-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Memorial Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16906438

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joanell M. Dyrstad

Mailing Address 910 West Sixth Street

City

Red Wing

State

MN

Zip Code

55066-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Red Wing Medical
Center

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: 16906439

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell Johnson

Mailing Address 106 Blanca Avenue

City

Alamosa

State

CO

Zip Code

81101-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Luis Valley Regional
Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16909839

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Hannon

Mailing Address P.O. Box 730

City

Marion

State

NC

Zip Code

28752-0730

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDowell Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16909840

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ellen Smith, RN

Mailing Address 14707 Via Del Norte

City

Houston

State

TX

Zip Code

77083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubuis Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16909847

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. James G Parrish, , FACHE

Mailing Address 118 East Haskell Street

City

Winnemucca

State

NV

Zip Code

89445-3247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humboldt General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16911006

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Liza Jensen

Mailing Address 8109 Fredericksburg Rd

City

San Antonio

State

TX

Zip Code

78229-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Healthcare System of San Ant

Occupation

Exec. Director, Operations Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16911009

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City

Granville

State

OH

Zip Code

43023-1428

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	9	

Transaction ID: 16911021

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Fred C Rothstein, , M.D.

Mailing Address 1080 W Hill Drive

City

Gates Mills

State

OH

Zip Code

44040-9627

FEC ID number of contributing
federal political committee.**C**Name of Employer
University Hospitals Case
Medical Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	9	

Transaction ID: 16911023

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Craig A. Becker

Mailing Address 9616 Brunswick

City

Brentwood

State

TN

Zip Code

37027-8467

FEC ID number of contributing
federal political committee.**C**Name of Employer
Tennessee Hospital Associ-
ation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	9	

Transaction ID: 16911055

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Charlotte Burns

Mailing Address 935 Wayne Road

City

Savannah

State

TN

Zip Code

38372-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hardin Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16911056

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jacquelyn Harms, , R.N.

Mailing Address 151 Roger Circle

City

Durant

State

OK

Zip Code

74702-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Southeastern Oklahom

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 16911962

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robin E Lake

Mailing Address P O Box 2339

City

Elk City

State

OK

Zip Code

73648-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Plains Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 16911965

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jane McDowell

Mailing Address P O Box 90

City

Waurika

State

OK

Zip Code

73573-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: 16911973

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas A Biga

Mailing Address 29 Highand Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Barnabas Health Care
System

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16914032

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Joanne Carrocino, , FACHE

Mailing Address 903 Shore Drive

City

Cape May

State

NJ

Zip Code

08204-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Regional Medical Cen-
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 16914037

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Maron

Mailing Address 34 Grove Street

City

Oradell

State

NJ

Zip Code

07649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Name Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	9

Transaction ID: 16914054

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Audrey Meyers

Mailing Address 251 Highland Avenue

City

Ridgewood

State

NJ

Zip Code

07450-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	9

Transaction ID: 16914056

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth A. Ryan, Esq.

Mailing Address 4 Brookside Drive

City

Bordentown

State

NJ

Zip Code

08505-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	9

Transaction ID: 16914061

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Craig J Broman

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Cloud Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914458

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Keith Okeson

Mailing Address 715 Delmore Avenue

City

Roseau

State

MN

Zip Code

56751-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeCare Medical Center

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914467

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jean Przybylek

Mailing Address 306 Highland

City

Elmhurst

State

IL

Zip Code

60126-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914490

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Lou Mastro

Mailing Address 852 West Street

City

Naperville

State

IL

Zip Code

60540-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Oaks Hospital at
Edward

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914499

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter McCanna

Mailing Address 2025 Schiller

City

Wilmette

State

IL

Zip Code

60091-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914500

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis Murphy

Mailing Address 48 Royal Vale Drive

City

Oak Brook

State

IL

Zip Code

60523-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation

Director, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914501

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Brenda Gail Summers

Mailing Address 1351 Anthem Court

City

Charlotte

State

NC

Zip Code

28205-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Greeley Company

Occupation

Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 16914599

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Hoeft

Mailing Address P O Box 256

City

Ashley

State

ND

Zip Code

58413-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashley Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914676

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Beth Walsh, , M.D.

Mailing Address 785 Mamaroneck Avenue

City

White Plains

State

NY

Zip Code

10605-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burke Rehabilitation Hosp-
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: 16914677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Julia A. Hunt, CAVS

Mailing Address 4401 S. Western

City

Oklahoma City

State

OK

Zip Code

73109-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Southwest Medical
Center

Occupation

Director, Volunteer Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 16919487

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Judith Husted

Mailing Address 220 Morean Ranch Road

City

Glendora

State

CA

Zip Code

91741-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Health
Plan, Inc.

Occupation

Executive Director, Patient Care Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 16935052

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John W O'Connell

Mailing Address 2155 Hawthorne Road

City

Ottawa Hills

State

OH

Zip Code

43606-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Services Corpo-
ration

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 16935208

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harry G Dorman, III

Mailing Address 125 Mascoma Street

City

Lebanon

State

NH

Zip Code

03766-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alice Peck Day Memorial
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 16942404

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William C. Schoenhard, FACHE

Mailing Address 420 Fairwood Lane

City

Kirkwood

State

MO

Zip Code

63122-4429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health Care

Occupation

Exec. V.P. & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 16942406

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carol A. Watson, Ph.D., RN

Mailing Address 390 NB
50 Newton Road

City

Iowa City

State

IA

Zip Code

52242-9296

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa College
of Nursing

Occupation

Professor-Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 16942413

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Dawn M. Bach

Mailing Address 1525 West 5th Street

City

Storm Lake

State

IA

Zip Code

50588-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buena Vista Regional Medi-
cal Center

Occupation

Director of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Transaction ID: 16942414

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joe Duerr

Mailing Address 501 14th Street

City

Perry

State

OK

Zip Code

73077-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

Transaction ID: 16942425

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Craig W. Jones, FACHE

Mailing Address 1904 Windermere Drive

City

Norman

State

OK

Zip Code

73072-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Hospital Associa-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

Transaction ID: 16942429

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary W. Mitchell

Mailing Address 905 South Main

City

Shattuck

State

OK

Zip Code

73858-9205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newman Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: 16942431

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jerry G Moeller

Mailing Address 1323 W. Sixth

City

Stillwater

State

OK

Zip Code

74074-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stillwater Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: 16942432

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Nunamaker

Mailing Address 2220 West Iowa Avenue

City

Chickasha

State

OK

Zip Code

73018-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grady Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: 16942434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

Transaction ID: 16947483

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward H Lamb, , FACHE

Mailing Address 4831 Southpark Bluff Drive

City

Anchorage

State

AK

Zip Code

99516-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 16947484

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

Transaction ID: 16975891

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul R Stewart

Mailing Address 2865 Daggett Avenue

City

Klamath Falls

State

OR

Zip Code

97601-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sky Lakes Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 16990201

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Dawn M. Bach

Mailing Address 1525 West 5th Street

City

Storm Lake

State

IA

Zip Code

50588-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buena Vista Regional Medi-
cal Center

Occupation

Director of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 16990203

Amount of Each Receipt this Period

140.00

C.

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 17041083

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

529.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 17041087

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR104572622301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR1347703422301

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

157.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Sewell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR1347708422301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR1384065322301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR327629122301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersburg Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: PR327745922301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Chief Executive Officer, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: PR327812022301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: PR327858022301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City

Millis

State

MA

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR327877822301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328132822301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328136922301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328223822301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328224922301

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328260922301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City

Arnold

State

MD

Zip Code

21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President Strategic Commun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328310422301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328341822301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR328511822301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR329071322301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR329215722301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR330475422301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR331416022301

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR331533222301

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR517619722301

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

233.00

TOTAL This Period (last page this line number only)

41818.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 83

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing
federal political committee.**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	9

Transaction ID: 16925406

Amount of Each Receipt this Period

50000.00

SUBTOTAL of Receipts This Page (optional)

50000.00

TOTAL This Period (last page this line number only)

50000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1328.13

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 17060391

Amount of Each Receipt this Period

410.99

Interest

SUBTOTAL of Receipts This Page (optional)

410.99

TOTAL This Period (last page this line number only)

410.99

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

A New Direction PAC

Mailing Address PO Box 4234

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement
2009 Contribution

011

Category/
Type

Candidate Name
A New Direction PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16926372

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

Wyoming Values PAC

Mailing Address 901 N. Washington Street
Suite 102

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2009 Contribution

011

Category/
Type

Candidate Name
Wyoming Values PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16926373

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

2009 Contribution

C.

Full Name (Last, First, Middle Initial)

Victory Now!

Mailing Address 10605 Concord Street
Suite 202

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
2009 Contribution

011

Category/
Type

Candidate Name
Victory Now!

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16926374

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
PETEPAC: People for Enterprise Trade & Econ Growth

Mailing Address 3686 King Street
 #146

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
 2009 Contribution

Candidate Name
 PETEPAC: People for Enterprise Trade & Econ Growth

011
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16926375

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1500.00

2009 Contribution

B. Full Name (Last, First, Middle Initial)
Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Phil Gingrey, M.D.

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 16926376

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Markey For Congress

Mailing Address PO Box 1333

City Fort Collins State CO Zip Code 80521

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Betsy Markey

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: 16926935

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Martin Heinrich For Congress	Transaction ID: 16926936 Date of Disbursement
Mailing Address 2118 Central Avenue Se #71	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div>
City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Martin Heinrich	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 16926937 Date of Disbursement
Mailing Address 12 Trumbull Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div>
City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Rosa L. DeLauro	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 16926938 Date of Disbursement
Mailing Address P.O. Box 11519	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div>
City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Shelley Moore Capito	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Barney Frank For Congress Committee

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement
Contribution

Candidate Name
Rep. Barney Frank

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: 16926940

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sander M. Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 16926941

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kosmas For Congress

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement
Contribution

Candidate Name
Rep. Suzanne M. Kosmas

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 16926942

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contribution

Candidate Name
Rep. Geoffrey Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: 16926951

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nancy Pelosi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: 16926952

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Contribution

Candidate Name
Rep. Shelley Berkley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: 16927077

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Second Floor, Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Contribution

Candidate Name
Rep. Henry Cuellar

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: 16927494

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bright For Congress.Com

Mailing Address P.O.Box 2106

City Montgomery State AL Zip Code 36102

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bobby Neal Bright, Sr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 02

Transaction ID: 16928946

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Charlie Wilson

Mailing Address P.O. Box 61

City St. Clairsville State OH Zip Code 43950

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: 16928955

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City State Zip Code
Erie PA 16512

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kathleen A. Dahlkemper

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 16928956

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Buck McKeon For Congress

Mailing Address 23942 Lyons Ave #105

City State Zip Code
Santa Clarita CA 91321

Purpose of Disbursement
Contribution

Candidate Name
Rep. Howard P. McKeon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 25

Transaction ID: 16928957

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City State Zip Code
West Columbia SC 29171

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: 16928967

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee Mailing Address Post Office Box 2145	Transaction ID: 16928968 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div>
City State Zip Code West Columbia SC 29171 Purpose of Disbursement Contribution Candidate Name Rep. Joe Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 02	Amount of Each Disbursement this Period <div>1000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code Waco TX 76702 Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17	Transaction ID: 16928969 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address P.O. Box 1355 City State Zip Code Alexandria VA 22313 Purpose of Disbursement 2009 Contribution Candidate Name Dirigo PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 16928971 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> 2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Republican Majority Fund Mailing Address P.O. Box 1550	Transaction ID: 16928972 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	9													
City Ponca City State OK Zip Code 74602 Purpose of Disbursement 2009 Contribution Candidate Name Republican Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> 2009 Contribution	2500.00																				
2500.00																						
B. Full Name (Last, First, Middle Initial) Citizens For Bunning Mailing Address 1717 Dixie Highway Suite 180 City Ft Wright State KY Zip Code 41011 Purpose of Disbursement Contribution Candidate Name Sen. James Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 16928974 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	9													
1500.00																						
C. Full Name (Last, First, Middle Initial) Georgians For Isakson Mailing Address Post Office Box 250116 City Atlanta State GA Zip Code 30325 Purpose of Disbursement Contribution Candidate Name Sen. Johnny Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	Transaction ID: 16928975 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 16929738 Date of Disbursement
Mailing Address 21301 Powerline Road, Suite 204	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code Boca Raton FL 33431 Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> <div>Contribution</div> </div>
B. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress	Transaction ID: 16930384 Date of Disbursement
Mailing Address 235 Montgomery Street Suite 610	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code San Francisco CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi	Amount of Each Disbursement this Period <div>2500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> <div>Contribution</div> </div>
C. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 16930386 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code Columbus OH 43229 Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> <div>Contribution</div> </div>

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Brady For Congress

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kevin Brady

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 16930389

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Capuano For Congress Committee

Mailing Address PO Box 440305

City State Zip Code
Somerville MA 02144

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael E. Capuano

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 08

Transaction ID: 16930392

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Sam Farr for Congress

Mailing Address 1010 S Street

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sam Farr

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Transaction ID: 16930393

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name
Rep. Allyson Y. Schwartz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 16930394

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Sestak For Congress

Mailing Address P.O. Box 16

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Sestak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: 16930395

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549

City State Zip Code
Napoleonville LA 70390

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles Melancon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: 16930396

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

2400.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Steve Israel For Congress Committee

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve J. Israel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: 16930397

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Boucher For Congress Committee

Mailing Address PO Box 2000

City State Zip Code
Abingdon VA 24212

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Boucher

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 16930399

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
John D. Dingell For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

Candidate Name
Rep. John D. Dingell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 16930400

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 16930401 Date of Disbursement																				
Mailing Address PO Box 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City State Zip Code Battle Creek MI 49016	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Mark H. Schauer	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				
B. Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress	Transaction ID: 16930402 Date of Disbursement																				
Mailing Address P.O. Box 490286	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City State Zip Code Chicago IL 60649	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Jesse L. Jackson, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				
C. Full Name (Last, First, Middle Initial) Leadership of Today & Tomorrow	Transaction ID: 16930405 Date of Disbursement																				
Mailing Address PO Box 261060	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	0	9												
City State Zip Code Los Angeles CA 90026	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	2009 Contribution																				

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Green Mountain PAC

Mailing Address PO Box 1142

City
MontpelierState
VTZip Code
05601Purpose of Disbursement
2009 ContributionCandidate Name
Green Mountain PAC

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16930406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City
Little RockState
ARZip Code
72203Purpose of Disbursement
ContributionCandidate Name
Sen. Blanche Lambert Lincoln

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 16930407

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City
Little RockState
ARZip Code
72203Purpose of Disbursement
ContributionCandidate Name
Sen. Blanche Lambert Lincoln

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 16930408

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
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Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Arcuri For Congress

Mailing Address P.O. Box 8508

City
UticaState
NYZip Code
13505Purpose of Disbursement
ContributionCandidate Name
Rep. Michael A. Arcuri011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 16930409

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

B.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City
GaithersburgState
MDZip Code
20878Purpose of Disbursement
ContributionCandidate Name
Rep. Nydia M. Velazquez011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 16930410

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

C.

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address P.O. Box 521048
Suite ACity
Salt Lake CityState
UTZip Code
84152Purpose of Disbursement
ContributionCandidate Name
Rep. James D. Matheson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 16930411

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 16930412 Date of Disbursement
Mailing Address 1819 Brownsboro Road Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div>
City Louisville State KY Zip Code 40202	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. John A. Yarmuth	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee	Transaction ID: 16930413 Date of Disbursement
Mailing Address PO Box 2571	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div>
City Wilson State NC Zip Code 27894	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. George K. Butterfield	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 16930414 Date of Disbursement
Mailing Address PO Box 23940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div>
City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Lois Capps	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City State Zip Code
St. Louis MO 63143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Russ Carnahan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: 16930415

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City State Zip Code
Everett WA 98206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Larsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 16930417

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ciro D. Rodriguez for Congress

Mailing Address P.O. Box 14528

City State Zip Code
San Antonio TX 78214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ciro D. Rodriguez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 16930418

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Courtney For Congress

Mailing Address 38 Risley Road

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph D. Courtney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: 16930419

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City
Seaford

State
NY

Zip Code
11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 16930420

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City
Bellevue

State
WA

Zip Code
98015

Purpose of Disbursement
Contribution

Candidate Name
Rep. David George Reichert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: 16930421

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite	Transaction ID: 16930422 Date of Disbursement																				
Mailing Address P.O. Box 865	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	0	9												
City Brooksville State FL Zip Code 34605	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Virginia Brown-Waite	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 16930423 Date of Disbursement																				
Mailing Address PO Box 3176	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	0	9												
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Frank Pallone, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Tim Bishop For Congress	Transaction ID: 16930424 Date of Disbursement																				
Mailing Address PO Box 437	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	0	9												
City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Timothy Bishop	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Higgins For Congress

Mailing Address PO Box 28

City
BuffaloState
NYZip Code
14220Purpose of Disbursement
ContributionCandidate Name
Rep. Brian M. Higgins011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 27

Transaction ID: 16930425

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Congressman Tim Holden

Mailing Address 18 N. Second St., Box 37
PO Box 37City
Saint ClairState
PAZip Code
17970Purpose of Disbursement
ContributionCandidate Name
Rep. Tim Holden011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 17

Transaction ID: 16930426

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick Murphy For Congress

Mailing Address P.O. Box 868

City
LevittownState
PAZip Code
19058Purpose of Disbursement
ContributionCandidate Name
Rep. Patrick Murphy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: 16930427

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address Post Office Box 112

City
Burlingame

State
CA

Zip Code
94011

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jackie Speier

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: 16930428

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 16930429

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Senate Victory Fund PAC

Mailing Address 507 Capitol Court NE
#100

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2009 Contribution

Candidate Name
Senate Victory Fund PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16930430

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 16930431 Date of Disbursement
Mailing Address 1900 Grant Street Suite 1170	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div>
City State Zip Code Denver CO 80203	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Sen. Michael F. Bennet	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 16982805 Date of Disbursement
Mailing Address 430 South Capitol Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Washington DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>15000.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2009 Contribution	
C. Full Name (Last, First, Middle Initial) DAKPAC	Transaction ID: 16982806 Date of Disbursement
Mailing Address 607 14th St., NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Washington DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>1000.00</div>
Candidate Name DAKPAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2009 Contribution	

SUBTOTAL of Disbursements This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Prairieland PAC

Mailing Address 228 S. Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2009 Contribution

Candidate Name
Prairieland PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 16982807

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

4500.00

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 850 Fort Wayne Avenue

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Contribution

Candidate Name
Sen. Evan Bayh

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District:

Transaction ID: 16982870

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bob Filner For Congress

Mailing Address PO Box 121480

City Chula Vista State CA Zip Code 91912

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Filner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 16982871

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) McNerney For Congress	Transaction ID: 16982933 Date of Disbursement
Mailing Address 6520 Village Parkway Second Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 9</div> </div>
City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Jerry McNerney	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
B. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 16989331 Date of Disbursement
Mailing Address 320 First Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>5000.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2009 Contribution
C. Full Name (Last, First, Middle Initial) Tuesday Group PAC	Transaction ID: 16989333 Date of Disbursement
Mailing Address PO Box 40385	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>1500.00</div>
Candidate Name Tuesday Group PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Mailing Address P.O. Box 19163

City
Las VegasState
NVZip Code
89132Purpose of Disbursement
ContributionCandidate Name
Sen. Harry Reid011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: 16989375

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East LansingState
MIZip Code
48826Purpose of Disbursement
2012 ContributionCandidate Name
Sen. Debbie Stabenow011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Transaction ID: 16989390

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

2012 Contribution

C.

Full Name (Last, First, Middle Initial)

Mike Ross For Congress Committee

Mailing Address PO Box 360

City
PrescottState
ARZip Code
71857Purpose of Disbursement
ContributionCandidate Name
Rep. Michael A. Ross011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 16989391

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 16989392 Date of Disbursement
Mailing Address PO Box 16646	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div>
City Milwaukee State WI Zip Code 53216 Purpose of Disbursement Contribution Candidate Name Rep. Gwen Moore	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div> Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd	Transaction ID: 16989393 Date of Disbursement
Mailing Address PO Box 270701	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div>
City West Hartford State CT Zip Code 06127 Purpose of Disbursement Contribution Candidate Name Sen. Christopher J. Dodd	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div> Contribution
C. Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 16989394 Date of Disbursement
Mailing Address P.O. Box 637	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div>
City Hinsdale State IL Zip Code 60522 Purpose of Disbursement Contribution Candidate Name Rep. Judy Biggert	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div> Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Nita Lowey For Congress

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: 16989395

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City
Seaford

State
NY

Zip Code
11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 16989396

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City
Albany

State
NY

Zip Code
12206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul Tonko

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 16989423

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling GreenState
KYZip Code
42102Purpose of Disbursement
ContributionCandidate Name
Rep. Brett Guthrie011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 16989424

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121Purpose of Disbursement
ContributionCandidate Name
Rep. Lois Capps011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 16989425

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City
PhiladelphiaState
PAZip Code
19131Purpose of Disbursement
ContributionCandidate Name
Rep. Chaka Fattah011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 02

Transaction ID: 16989426

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Tim Ryan For Congress	Transaction ID: 16989427 Date of Disbursement
Mailing Address 1600 Roosevelt Avenue Suite 804	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Timothy J. Ryan	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Ben Chandler For Congress	Transaction ID: 16989428 Date of Disbursement
Mailing Address P. O. Box 12678	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Benjamin Chandler	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Scott Murphy For Congress	Transaction ID: 16989430 Date of Disbursement
Mailing Address 615 Glen Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div>
City Glens Falls State NY Zip Code 12801	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Mr. H Scott Murphy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2009
Contribution	

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress	Transaction ID: 16989431 Date of Disbursement																				
Mailing Address 3482 Drusilla Lane Suite 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City State Zip Code Baton Rouge LA 70809	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1400.00</td> </tr> </table>	1400.00																			
1400.00																					
Candidate Name Rep. William Cassidy, MD	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 16989432 Date of Disbursement																				
Mailing Address PO Box 176	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City State Zip Code Crete IL 60417	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. Deborah L. Halvorson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Quigley For Congress	Transaction ID: 16989433 Date of Disbursement																				
Mailing Address PO Box 13040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City State Zip Code Chicago IL 60613	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Mike Quigley	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2009																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Lisa Murkowski For U.S. Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Contribution

Candidate Name
Sen. Lisa Murkowski

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District:

Transaction ID: 16989435

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Bob Etheridge For Congress Committee

Mailing Address Post Office Box 28001

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Etheridge

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: 16989438

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Moran For Kansas

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerry Moran

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: 16989465

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Childers For Congress	Transaction ID: 16989468 Date of Disbursement
Mailing Address PO Box 177	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Booneville State MS Zip Code 38829	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Travis Wayne Childers	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 16989469 Date of Disbursement
Mailing Address P.O. Box 391	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Edward Whitfield	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson	Transaction ID: 16989471 Date of Disbursement
Mailing Address 198 Park Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Howard State PA Zip Code 16841	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Glenn Thompson	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City
AllentownState
PAZip Code
18105Purpose of Disbursement
ContributionCandidate Name
Rep. Charles W. Dent011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 16989472

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730
C/O C. Bruce LawrenceCity
HoneoyeState
NYZip Code
14471Purpose of Disbursement
ContributionCandidate Name
Rep. Louise McIntosh Slaughter011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 16989473

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184

City
HamiltonState
NJZip Code
08619Purpose of Disbursement
ContributionCandidate Name
Rep. Christopher H. Smith011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 04

Transaction ID: 16989474

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

200.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 16989475 Date of Disbursement
Mailing Address 14 Knightswood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. John Herbert Adler	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 16989476 Date of Disbursement
Mailing Address PO Box 3662	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Sen. Patty Murray	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey	Transaction ID: 16989494 Date of Disbursement
Mailing Address P O Box 1322 PO Box 1322	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Wausau State WI Zip Code 54402	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. David R. Obey	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Mary Bono Mack

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 17063410

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jesse Jackson Jr For Congress

Mailing Address P.O. Box 490286

City
Chicago

State
IL

Zip Code
60649

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Jesse L. Jackson, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: 17064376

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

700.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Committee To Elect McHugh

Mailing Address 228 S. Washington St.
Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. John M. McHugh

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Transaction ID: 17064377

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jason Altmire

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 17064378

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

4000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jason Altmire

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 17064381

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

200200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Federal Taxes

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 16928970

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1881.00

Federal Taxes

B.

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 17060388

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

80.20

Merchant Fees

C.

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 17060389

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

125.90

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)

2087.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 17060390

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2009

Amount of Each Disbursement this Period

38.81

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

38.81

TOTAL This Period (last page this line number only)

2125.91